

FILED FEB 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4201

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3164		Registrar's No. 50			
1. PLACE OF DEATH a. COUNTY Callaway <i>Quinton Twp</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton R.F.D.# 1				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton					
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) R.F.D.# 1					
3. NAME OF DECEASED (Type or Print) a. (First) Bettie b. (Middle) Jane c. (Last) Humphreys				4. DATE OF DEATH (Month) 2 (Day) 12 (Year) 49					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 28, 1863			
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		11. BIRTHPLACE (State or foreign country) Carrington, Mo.		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Baylis Reno				13b. MOTHER'S MAIDEN NAME Eliza Jane Nevins		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____				16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Humphreys, Fulton, MO R.R.D. 1			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Due to (b) Senile debility DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION 149				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 23 rd , 1949, to Feb 12, 1949, that I last saw the deceased alive on Feb 12, 1949, and that death occurred at 10 P. M., from the causes and on the date stated above.									
23a. SIGNATURE R. L. Crews (Degree or title) M.D.				23b. ADDRESS Fulton Mo				23c. DATE SIGNED Feb. 14/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 2-15-49		24c. NAME OF CEMETERY OR CREMATORY Carrington		24d. LOCATION (City, town, or county) (State) Carrington, Mo.	
DATE REC'D BY LOCAL REG. Feb 15/1949				REGISTRAR'S SIGNATURE J. M. Morris				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wallace Funeral Home, Fulton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 9.
District File Number
FEB 23 1949
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Wenjel C. Browning

Licensed Embalmer No. *2724*

P. O. Address

Fulton mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.